
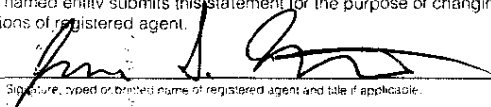
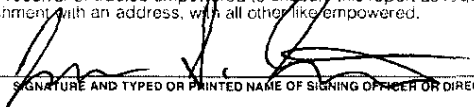


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90326 043 ***150.00

DOCUMENT # P03000007470					
1. Entity Name ATLANTIC ALUMINUM AND SCREEN, INC.					
Principal Place of Business 3257 SEA OATS CIRCLE MELBOURNE BEACH, FL 32951			Mailing Address 3257 SEA OATS CIRCLE MELBOURNE BEACH, FL 32951		
2. Principal Place of Business 242 COCONUT DRIVE		3. Mailing Address 242 COCONUT DRIVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State INDIALANTIC, FL		City & State INDIALANTIC, FL		4. FEI Number 75-3097065	
Zip 32903		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBERTS, JASON S 3257 SEA OATS CIRCLE MELBOURNE BEACH, FL 32951			7. Name and Address of New Registered Agent Name ROBERTS, JASON S. Street Address (P.O. Box Number is Not Acceptable) 242 COCONUT DRIVE City INDIALANTIC FL Zip Code 32903		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 		(NOTE: Registered Agent signature required when reinstating)		DATE 27 Apr 04	
FILE NOW!!! - FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '04		
TITLE	D ROBERTS, JASON S <input type="checkbox"/> Delete	TITLE	D ROBERTS, JASON S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROBERTS, JASON S	NAME	ROBERTS, JASON S		
STREET ADDRESS	3257 SEA OATS CIRCLE	STREET ADDRESS	242 COCONUT DRIVE		
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951	CITY-ST-ZIP	INDIALANTIC, FL 32903		
TITLE	D FITZSIMMONS, FLETCHER <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FITZSIMMONS, FLETCHER	NAME			
STREET ADDRESS	120 DELFLORA	STREET ADDRESS			
CITY-ST-ZIP	INDIALANTIC, FL 32903	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 27 Apr 04	
				Date	
				Declarer Phone #	